

☐ VOID☐ CORRECTED

Depository Name and Address		<b>1995</b> <b>Idaho Medical Savings Account</b>
Depository Federal Employer Identification Number	Account Holder Identification Number	Account Number
Account Holder Name and Address		Contributions \$
		Withdrawals \$
		Interest Earned \$

Form **MSA-1**☐ VOID☐ CORRECTED

Depository Name and Address		<b>1995</b> <b>Idaho Medical Savings Account</b>
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Form **MSA-1**☐ VOID☐ CORRECTED

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Form **MSA-1**